

CLAUDIA G. LAWSON - DEKALB COUNTY TAX COMMISSIONER

P.O. Box 100004, Decatur, GA 30031-7004 Telephone: 404-298-4000

Please mail completed application to the above address.

North Office: 1358 Dresden Drive, NE Central Office: 4380 Memorial Drive, Suite 100 Decatur, Georgia 30032 South Office:

The Gallery at South DeKalb Mall

2801 Candler Rd, Suite 66, Decatur, Georgia 30034

PARCEL I.D.	PIN#	LOCATIO	ON OF PROPERTY	TAX DIS	STRICT	DATE
			MA	KE ADDRESS CORRECTIO	ONS IN THIS AREA IF N	NECESSARY:
			Owner	· <u></u>		
			Co-Ov	ner		
				lr		
				uite		
			City		ST ZIP_	
e 62, permanently and to irefighter killed in the line	tally disabled, 100 e of duty. Specia	r state income taxes. Exemptions 0% military service connected disa at exemptions must be applied for audits to verify continuing eligibility.	abled or their un-remarried spo in person. Once approved, th	use, or the un-remarri e exemption remains	ed spouse of a pe	ace officer
pplicant # 1 Infor	mation Nar	me	Please	complete appl	ication in cap	oital lette
Social Security Numbe	r	GA Drivers License	Date of Birth	U. S. Citizen?	If no, Registration	on Numbe
oplicant # 2 Infor	mation Nar	me				
Social Security Numbe		GA Drivers License	Date of Birth	U. S. Citizen?	If no, Registration	on Numbe
			W W B B I	Y/IV		
					Y/N	
elationship of Applicant	.S	Will/Did	d you own and reside in thi	s home on January	1, 2013?	
		Alt Phone		Alt Phone		
ome Phone						
ome Phone e you in military service	?? If yes,	, legal state of residence?		County where egistered		
	? If yes,	legal state of residence?			Tag 4	ı
you in military service	e? If yes,		Vehicles		Tag 4	ļ
you in military service Tag 1		Tag 2 Y/N er property?	Vehicles	egistered	Tag 4 County / Stat	
e you in military service		Tag 2 Y/N er property?	Vehicles Tag 3 If yes, list County and full a	egistered		

Under Georgia law, it is a misdemeanor to make false or fraudulent claim for exemption. Persons guilty of fraudulent claims will be subject to taxation in an amount double the tax otherwise due.

I, the undersigned, hereby request registration of my vehicle(s) at the above address, and do solemnly swear that the statements made in support of this application are true and correct; that I am the bona fide owner of the property described in this application; that I actually occupied/will occupy this property on January 1st of the year for which this application is made; that I am an eligible applicant for the exemption applied for, qualifying or meeting the definitions of the word "applicant" as defined by O.C.G.A. 48-5-40; that I request any existing homestead exemptions be removed from other properties; and that no transaction has been made in collusion with another for the purpose of obtaining a homestead exemption contrary to the law. Furthermore, I also understand that at anytime I become ineligible for this Homestead Exemption, it is my duty to notify the Tax Commissioner of the change in my residency status.

Please sign, date and return this application by certified mail to	insure pr	oof c	of fil	ing	or a	apply	y on	iline at www.dekalbcountyga.gov/taxcommissioner
Signature	Date	M	M	D	D	Y	Y	Employee Initials